

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL/NO.	FILING DATE
							APPLICANT(S) 10/606485	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							61	
2							62	
3							63	
4							64	
5							65	
6							66	
7							67	
8							68	
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10							70	
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35							95	
36							96	
37							97	
38							98	
39							99	
40							100	
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	